



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC  
Accreditation No : A-55144

PATIENT CONTROL NUMBER  
H931

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                                        |                                                  |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| SURNAME<br><b>UJLAH</b>                                                                                                                | FIRST NAME AND<br><b>MD.</b>                     | MIDDLE NAME<br><b>AHSAN</b>           |
| PLACE AND DATE OF BIRTH<br><b>PATUAKHALI 1-Dec-1993</b>                                                                                | PASSPORT NUMBER<br><b>A03394749</b>              | SEAMAN'S BOOK NUMBER<br><b>CO8127</b> |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                        | VESSEL TYPE : <b>CONTAINER</b>                   | TRADING AREA : <b>WORLD WIDE</b>      |
| PERMANENT HOME ADDRESS :<br><b>VILL. WEST ARAMBAG, PO. PATUAKHALI SADAR,, PS. PATUAKHALI SADAR,<br/>DIST. PATUAKHALI,, BANGLADESH.</b> | CONTACT NUMBER : <b>01829-327851 (SELF)/0182</b> | RANK : <b>2ND ASST ENGINEER</b>       |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above questions were answered "yes", please give details.

### Additional questions

| Question                                                                                     | YES                                 | NO                                  |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

*Ahsan*

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>80kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Height (cm) <b>178</b>                                                | BMI <b>25.2</b>       | Blood Pressure: Systolic <b>110mm</b> Diastolic <b>70mm</b> | PULSE: <b>78/min</b> |      |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|-------------------------------------------------------------|----------------------|------|----------------------------------------------------------------------------------|-----------------------|--|--|--|-------------------------|--|--|--|-----|------|------|------|--|--|-------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|
| <table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> </tbody> </table> |                                                                       |                       |                                                             |                      | Ear  |                                                                                  | Hearing by Audiometry |  |  |  | Hearing by Whisper Test |  |  |  | 500 | 1000 | 2000 | 3000 |  |  | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |
| Ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Hearing by Audiometry |                                                             |                      |      | Hearing by Whisper Test                                                          |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | 500                   | 1000                                                        | 2000                 | 3000 |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                             |                      |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                             |                      |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                       |                                                             |                      |      |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |



|         | Visual acuity |          |           |          | Visual fields                       |                          |
|---------|---------------|----------|-----------|----------|-------------------------------------|--------------------------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective                |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |                          |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **14 MAR 2023**

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## RESULTS OF ANCILLARY EXAMINATIONS

|                         |               |                                    |                                                                                |                                                                                |                                                                                   |
|-------------------------|---------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Chest X-Ray             | <b>Normal</b> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |                                                                                   |
| ECG                     | <b>Normal</b> | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |                                                                                   |
| BLOOD R/E               | <b>Normal</b> | SGPT                               | URINE R/E                                                                      | <b>Normal</b>                                                                  |                                                                                   |
| DC (differential count) | <b>Normal</b> | SGOT                               | OTHERS                                                                         | <b>Normal</b>                                                                  |                                                                                   |
| HAEMOGLOBIN (HGB)       | <b>15.7</b>   | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                                                                          | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)        | <b>07</b>     | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                     | <b>5.400</b>  | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL     | <b>5.5</b>    | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     | <b>B+ve</b>                                                                       |
| RANDOM                  | <b>5.5</b>    | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             | <b>Normal</b>                                                                     |
| HBA1C                   | <b>5.2%</b>   | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultrasound)                                                        | <b>Normal</b>                                                                     |

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

|                       |                        |                    |
|-----------------------|------------------------|--------------------|
| <b>Ahsan</b>          | <b>MD. AHSAN ULLAH</b> | <b>14-Mar-2023</b> |
| Signature of Seafarer | Name of Seafarer       | Date               |

## Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

|                                                            |                                                     |                          |                          |
|------------------------------------------------------------|-----------------------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Fit for lookout duties | <input type="checkbox"/> Not fit for lookout duties |                          |                          |
| Deck service                                               | Engine service                                      | Catering service         | Other services           |
| <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit                                                      | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Without restrictions   | <input type="checkbox"/> With restrictions          |                          |                          |

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

|                                         |                             |
|-----------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/>                | <input type="checkbox"/>    |

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

|                                  |                                 |
|----------------------------------|---------------------------------|
| Fitness Date: <b>14 MAR 2023</b> | Valid Until: <b>13 MAR 2025</b> |
|----------------------------------|---------------------------------|

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Regulations 1996 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

**DR. MD. RAHAN**  
MBBS (DU), DPM, CCD (Bldm), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

Revision Date : 24th July 2022



# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                                         |                                                                                                                                     |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: ULLAH                                                                                                                                                                                                                          | GIVEN NAME (S): MD. AHSAN                                                                                                           |                                                                                 |
| DATE OF BIRTH:<br>DAY 01 MONTH DEC YEAR 1993                                                                                                                                                                                            | PLACE OF BIRTH<br>CITY PATUAKHALI COUNTRY BANGLADESH                                                                                | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br>VILL. WEST ARAMBAG, PO. PATUAKHALI SADAR., PS.<br>PATUAKHALI SADAR, DIST. PATUAKHALI., BANGLADESH. |                                                                                 |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

|           | VISION          |              | COLOR TEST TYPE                     |                                     |                                     |                                     | HEARING   |          |
|-----------|-----------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------|----------|
|           | WITHOUT GLASSES | WITH GLASSES | <input type="checkbox"/> BOOK       | <input type="checkbox"/> LANTERN    | <input type="checkbox"/> YELLOW     | <input type="checkbox"/> RED        | RIGHT EAR | LEFT EAR |
| RIGHT EYE | 6/6             | —            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ABD       | ABD      |
| LEFT EYE  | 6/6             | —            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | ABD       | ABD      |

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐  
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 14 MAR 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

*Ahsan*

MD. AHSAN ULLAH

14 MAR 2023

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

**FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 12-05-2011

SIGNATURE OF PHYSICIAN: *[Signature]* STAMP OF PHYSICIAN:  DATE: 14 MAR 2023

EXPIRY DATE OF CERTIFICATE: 13 MAR 2025

*This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.*

**DR. MIR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shippng Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

Medical Information: (医療情報) \* Please check the appropriate items.

該当する二欄に✓印を記入して下さい。

1. ALLERGIES: (アレルギー)

— Urticaria (hives) (じんましん)

— Other (その他)

2. Drug allergies (name): (薬品名)

— Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: (重大な病歴) Age (年齢)

— Surgery: (手術)

When? (時期)

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒) — Do not drink (飲まない)

— Drink 2-3 times a week (週に2~3回) — Drink every evening (毎日)

— Heavy drinker (強い) — Moderate drinker (中程度) — Light drinker (弱い)

(2) Smoking: (喫煙)

— Never smoke (吸わない)

— Quit smoking in 19... (19...年に禁煙)

— Smoke... cigarettes a day (1日平均...本吸う)

(3) Bowel movements: (排便)

— Regular (規則的)

— Irregular (不規則)

— Constipated (便秘)

(4) Dietary preferences: (食生活の好み)

— Meat (肉類)

— Sweet (甘い)

— Fish (魚類)

— Only (偏った)

(5) Exercise: (運動) — Often (よくする) — Sometimes (時々) — Never (しない)

(6) Sleep: (睡眠) — Sleep well (良く眠る) — Have Sleeplessness (眠れない)

— Have insomnia (不眠症) — Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

— Constant (変わらない)

— Putting on weight (太ってきた)

— Losing weight (やせてきた)

14 MAR 2023



DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birm), PGT (Ophth)

BMDA A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.





# 5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister  
(父) (母) (兄弟) (姉妹)

- |                                                      |   |   |   |   |
|------------------------------------------------------|---|---|---|---|
| <input type="checkbox"/> Heart disease (心臓病)         | F | M | B | S |
| <input type="checkbox"/> Cancer / part (癌/部位)        | F | M | B | S |
| <input type="checkbox"/> Diabetes (糖尿病)              | F | M | B | S |
| <input type="checkbox"/> Hypertension (高血圧症)         | F | M | B | S |
| <input type="checkbox"/> Cerebral Apoplexy (脳卒中)     | F | M | B | S |
| <input type="checkbox"/> Liver disease (肝臓疾患)        | F | M | B | S |
| <input type="checkbox"/> Other: Name of disease (病名) | F | M | B | S |

Briefly enter any special comments to the Attending Physician in English.  
(要約で医師へ特になんたいこと、英語で添削に。)

## MEDICAL RECORDS (Write in block Letters)

Name of Company:

Tel: Fax: (国符)

Name: DR. MIR. MD. RAIHAN Sex: (性別) M (男/女)

given name (名) family name (姓)

Name of Position: 2015 NAR (職種)

Date of Birth: 02.12.2023 (生年月日) (D・M・Y)

Height: (身長) 178 cm Weight: (体重) 50 kg at age 20: (20 才時) 48 kg

Pulse: (脈拍) 72 Normal breathing rate (正常呼吸数/分) 16 Normal temperature (平熱) 36.5 °C

Blood pressure (血圧) 120/80 mmHg Blood type: (血液型) B+ Rh ( ) Single Married (独身/既婚)

Blood sugar: (血糖値) 100 mg/dl < 0.05625 = ( mmol/l )

Uric acid: (尿酸値) 4.5 mg/dl < 0.05914 = ( mmol/l )

Date: 14 MAR 2023 Signature: (署名) Ahisan (Card holder) (本人)



DR. MIR. MD. RAIHAN  
MBBS (DU), DPM, CCD (Birm), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.



## DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. AHSAN ULLAH

RANK : 2ND ASST ENGINEER

CDC NO : C/O/8127

DOB : 01-Dec-1993

### HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

|                                                                                                          | YES                      | NO                                  |
|----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1 Have you ever had coronary thrombosis or certain types of heart surgery?                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Are you suffering from any heart related complications?                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Are you a diabetic ?                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 If you are diabetic, do you need injections of insulin for diabetes?                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Have you ever had a stroke, or unexplained loss of consciousness?                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Have you ever been treated for a mental or nervous problem?                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Are you an alcoholic, or have you had alcohol or drug addiction problems?                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Do you have any hearing difficulties or are you using any hearing aid?                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Have you ever suffered from any STD (Sexually Transmitted Disease)?                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Are you aware of any other health condition that could affect your fitness for seafaring employment * | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, I and will bear all the expenses as may incur as a direct result of such concealment.

Date : 14 MAR 2023

Signed :

Ahsan

The Crew Member

\* If yes, mention details below:-

  
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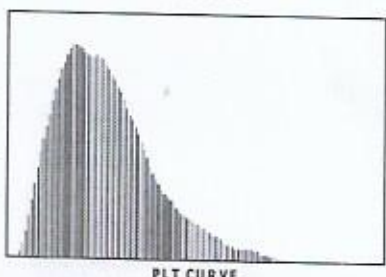
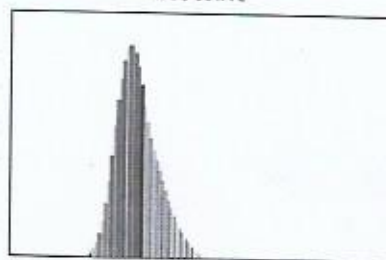
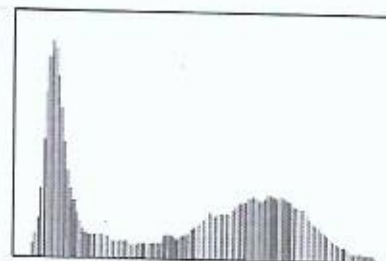


**Id No** : 0373 **Date** : 14-Mar-2023 **D.Date** : 14-Mar-2023  
**Patient's Name** : MD AHSAN ULLAH **Age** : 29Y 3M 13D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8127

### Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.7</b> gm/dl     | M:13-18 gm/dl, F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>07</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>7,400</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>62</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>34</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>148</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.35</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>42.1</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>78.7</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>29.3</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>37.3</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.2</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>16.2</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>2,01,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>9.2</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.185</b> %        | 0.1 - 0.2 %                                                                                        |
| Bleeding Time(BT)                  | %                     | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | %                     | 0.1- 0.2 %                                                                                         |



Checked By  
Medical Technologist

**Dr. Sumaiya Khatun**  
MBBS,MD(Gold Medalist) (BSMMU)  
Associate Professor  
Dept. Of Microbiology  
East West Medical College & Hospital.

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23030373                                           | Received Date | 14/03/2023      |
| Patient's Name | MD AHSAN ULLAH                                        |               |                 |
| Patient's Age  | 29Y 3M 13D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/8127 |
| Sample         | BLOOD                                                 |               |                 |

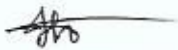
### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.8 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 28 U/L     | Up to 37 U/L     |
| Serum ALT (SGPT)         | 32 U/L     | Up to 40 U/L     |
| HbA1C                    | 5.2 %      | 4.2 - 6.7 %      |

### REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By



Medical Technologist  
Radical Hospitals Ltd.



Dr. Sumaiya Khatun  
M BBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital



|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23030373                                           | Received Date | 14/03/2023      |
| Patient's Name | MD AHSAN ULLAH                                        |               |                 |
| Patient's Age  | 29Y 3M 13D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/8127 |
| Sample         | <b>BLOOD</b>                                          |               |                 |

## SEROLOGICAL REPORT

|                           |              |
|---------------------------|--------------|
| HIV 1 & 2 (Method : (ICT) | Negative     |
| VDRL                      | Non-reactive |
| HBsAg (Method : (ICT)     | Negative     |

| <b>BLOOD GROUPING Result</b> |           |
|------------------------------|-----------|
| ABO Blood Group              | "B" (+ve) |
| Rh(D)Factor                  | Positive  |

Checked By

*[Signature]*

Medical Technologis  
Radical Hospitals Ltd.

*[Signature]*

Dr. Sumaiya Khatun  
MBBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23030373                                           | Received Date | 14/03/2023      |
| Patient's Name | MD AHSAN ULLAH                                        |               |                 |
| Patient's Age  | 29Y 3M 13D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/8127 |
| Sample         | URINE                                                 |               |                 |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 0-1/HPF |

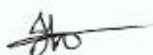
#### CHEMICAL EXAMINATIONCASTS / LPF

|              |        |            |     |
|--------------|--------|------------|-----|
| Reaction     | Acidic | R B C      | Nil |
| Albumin      | NIL    | W B C      | Nil |
| Sugar        | NIL    | Epithelial | Nil |
| Ex.Phosphate | Nil    | Granular   | Nil |
|              |        | Hyaline    | Nil |

#### ON REQUESTCRYSTALS & OTHERS

|              |          |                   |     |
|--------------|----------|-------------------|-----|
| Bile Salt    | Not Done | Urates            | Nil |
| Bile Pigment | Not Done | Uric Acid         | Nil |
| Ketones      | Not Done | Calcium oxalate   | Nil |
| Urobilinogen | Not Done | Amor. Phos        | Nil |
| B.J. Protein | Not Done | Hippurate crystal | NIL |

Checked By



Medical Technologist  
Radical Hospitals Ltd.



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Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital



|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23030373                                                           | Received Date | 14/03/2023 |
| Patient's Name | MD AHSAN ULLAH                                                        |               |            |
| Patient's Age  | 29Y 3M 13D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8127 |               |            |
| Sample         | URINE                                                                 |               |            |

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Test Name | Result |
|-----------|--------|
|-----------|--------|

Drug Level of Urine

|                 |          |
|-----------------|----------|
| Cocaine         | Negative |
| Morphine        | Negative |
| Marijuana       | Negative |
| Barbiturates    | Negative |
| Amphetamines    | Negative |
| Phencyclidine   | Negative |
| Alcohol         | Negative |
| Benzodiazepines | Negative |
| Methadone       | Negative |
| Propoxyphene    | Negative |

Checked By

  
Medical Technologist  
Radical Hospitals Ltd.

  
Dr. Sumaiya Khatun  
MBBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital

REF: MT. GINGA CARACAL

DATE: 14/03/2023

M/S. HAQUE & SONS LTD.  
RUMMANA HAQUE TOWER  
1267/A, GOSHAIL DANGA  
AGRABAD C/A, CHITTAGONG.

### EYE EXAMINATION REPORT

NAME: MASHRUR AHMED MOROL

RANK: 3A/ENG

CDC NO: C/O/9780

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan  
MBBS, PGT (Ophthalmology)  
Assistant Registrar (EX)  
East west Medical College & Hospital



ID: 23030373

14-03-2023 02:02:21 PM

ACD AUTON UTILITY

Male 29Years

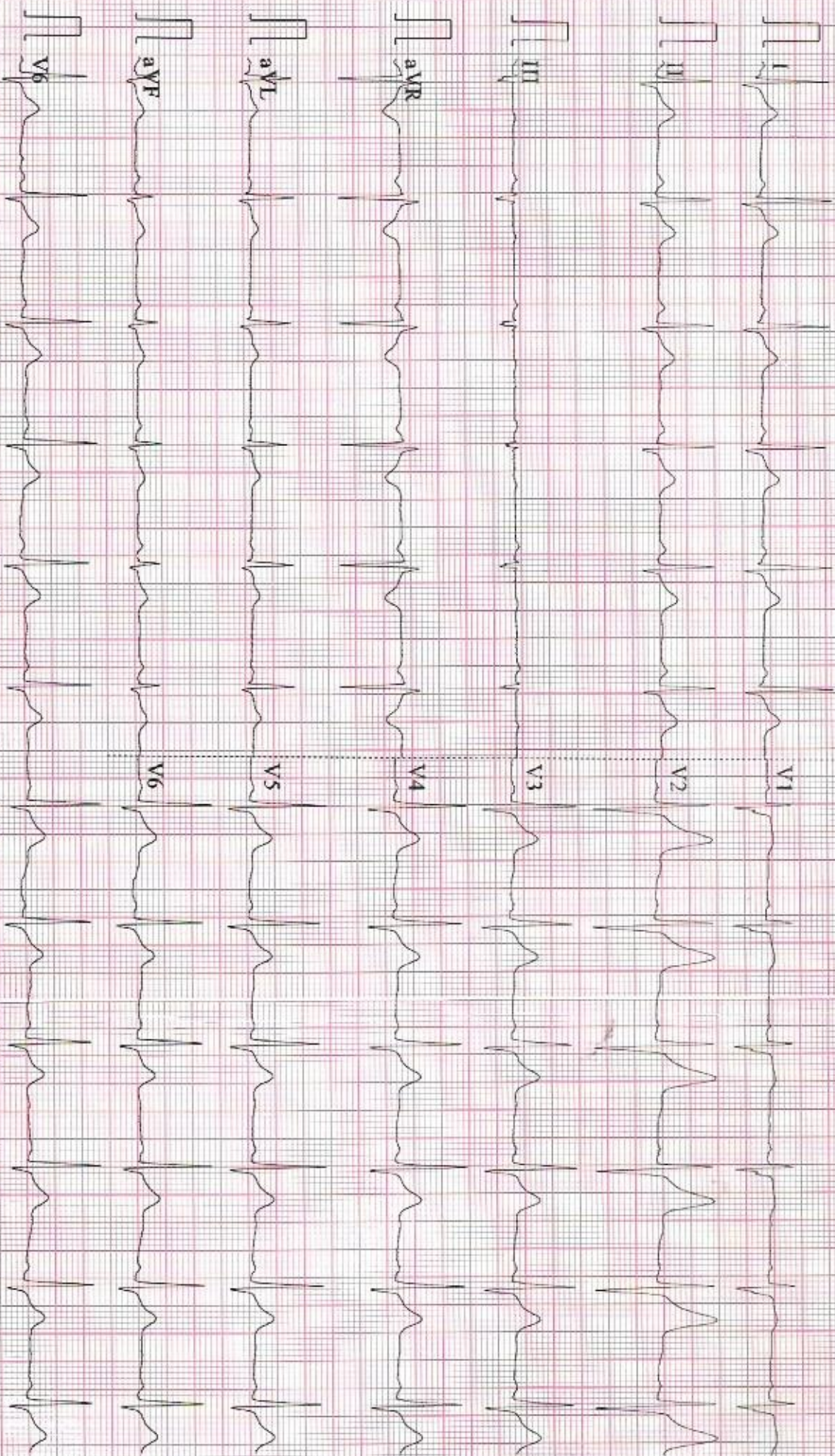
Diagnostic Information:

Sinus rhythm

Normal ECG

|         |             |     |
|---------|-------------|-----|
| HR      | 69          | bpm |
| P       | 114         | ms  |
| PR      | 146         | ms  |
| QRS     | 100         | ms  |
| QT/QTc  | 388/416     | ms  |
| P/QRS/T | 60/24/36    | °   |
| RV5/SV1 | 1.278/0.572 | mV  |

Report Confirmed by:





**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23030383 Receive: 14/03/2023 Print: 14/03/2023  
Patient's Name : MASHRUR AHMED MOROL  
Age : 26 Yrs Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**X-RAY OF CHEST (DIGITAL)**

**Diaphragm** : Both hemidiaphragm are normal in position.  
C-P angles are clear.

**Heart** : Normal in T.D.

**Lung** : Lung fields are clear.

**Bony thorax** : Reveals no abnormality.

**Comments** : Normal chest skiagram.



**Prof. Dr. Md. Mojibor Rahman**  
MBBS, DMRD (Radiology & Imaging)  
Head of the Department (Radiology & Imaging)  
Sylhet Women's Medical College Hospital



# Pre-Joining Medical Report to be

| Date of Exam | Ship Assigned   | B.P./Pulse            | Pathological Investigations |      |       |       |      |
|--------------|-----------------|-----------------------|-----------------------------|------|-------|-------|------|
|              |                 |                       | X-ray                       | ECG  | Urine | Blood | LFT  |
| 15 JUL 2020  | ONE<br>HARRISON | BP 120/80<br>Pulse 72 | 2022                        | 2022 | 2022  | 2022  | 2022 |
| 24 MAY 2021  | ONE<br>HARRISON | BP 110/70<br>Pulse 72 | 2022                        | 2022 | 2022  | 2022  | 2022 |
| 14 MAR 2023  | ONE<br>HARRISON | BP 110/70<br>Pulse 72 | 2022                        | 2022 | 2022  | 2022  | 2022 |
|              |                 |                       |                             |      |       |       |      |
|              |                 |                       |                             |      |       |       |      |
|              |                 |                       |                             |      |       |       |      |

6

# Completed by Company's M.O.

|          |          | Addl. Test | Special Conditions | Fit / Unfit & Remarks | Doctor's Sign. |
|----------|----------|------------|--------------------|-----------------------|----------------|
| Creatine | USG      |            |                    |                       |                |
| NOT DONE | NOT DONE |            |                    |                       |                |
|          |          |            |                    |                       |                |
|          |          |            |                    |                       |                |
|          |          |            |                    |                       |                |
|          |          |            |                    |                       |                |
|          |          |            |                    |                       |                |

DR. MD. AYUBUR RAHMAN  
M.B.S. P.G.T (Medicine)  
Taher Chatterjee  
10, Agrabad C/A, Fyzogang,  
Regn. No. 17820

DR. MR. MD. RAHMAN  
MBBS (DU), DPM, CCD (Biden), PGT (Op)  
BMDC A-55144, MMIC-BGD-0  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospital Ltd.  
Medical Hospital Ltd.

7

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

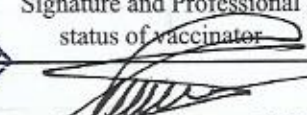
Md. Ahsan Ullah

This is to certify that  
whose signature follows

Date of birth 01-12-1993 Sex Male

Ahsan

has on the date indicated been vaccinated or revaccinated against yellow-fever

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                                 | Origin and batch no, of vaccine                                                   | Official stamp of vaccination centre                                              |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 14 MAR 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |  |
| 2           |                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                   |
| 3           |                                                                                                                                                                                                                                                                                 |                                                                                   | 3 4                                                                               |
| 4           |                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                   |

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

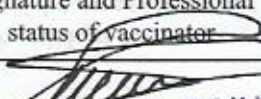


## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

Md. Ahsan Ullah AGAINST CHOLERA

This is to certify that  
whose signature followsDate of birth 01-12-1993 Sex MaleAhsan

has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                                                                                 | Approved Stamp                                                                    |   |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|
| 1<br>14 MAR 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |   |
| 2                |                                                                                                                                                                                                                                                                                 |                                                                                   |   |
| 3                |                                                                                                                                                                                                                                                                                 | 3                                                                                 | 4 |
| 4                |                                                                                                                                                                                                                                                                                 |                                                                                   |   |
| 5                |                                                                                                                                                                                                                                                                                 | 5                                                                                 | 6 |
| 6                |                                                                                                                                                                                                                                                                                 |                                                                                   |   |
| 7                |                                                                                                                                                                                                                                                                                 | 7                                                                                 | 8 |
| 8                |                                                                                                                                                                                                                                                                                 |                                                                                   |   |

Continued overleaf Suite our erso